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2021 MAY -5 AM 8:56

2020 CERTIFICATION

Consumer Confidence Report (CCR)

North Holly Hills

Public Water System Name

170024

List PWS ID #s for all Community Water Systems included in this CCR

The Federal Safe Drinking Water Act (SDWA) requires each Community Public Water System (PWS) to develop and distribute a Consumer Confidence Report (CCR) to its customers each year. Depending on the population served by the PWS, this CCR must be mailed or delivered to the customers, published in a newspaper of local circulation, or provided to the customers upon request. Make sure you follow the proper procedures when distributing the CCR.

CCR DISTRIBUTION (Check all boxes that apply.)

INDIRECT DELIVERY METHODS (Attach copy of publication, water bill or other)	DATE ISSUED
<input type="checkbox"/> Advertisement in local paper (Attach copy of advertisement)	
<input type="checkbox"/> On water bills (Attach copy of bill)	
<input type="checkbox"/> Email message (Email the message to the address below)	
<input type="checkbox"/> Other _____	
DIRECT DELIVERY METHOD (Attach copy of publication, water bill or other)	DATE ISSUED
<input checked="" type="checkbox"/> Distributed via U. S. Postal Mail	
<input type="checkbox"/> Distributed via E-Mail as a URL (Provide Direct URL): _____	
<input type="checkbox"/> Distributed via E-Mail as an attachment	
<input type="checkbox"/> Distributed via E-Mail as text within the body of email message	
<input type="checkbox"/> Published in local newspaper (attach copy of published CCR or proof of publication)	
<input type="checkbox"/> Posted in public places (attach list of locations)	
<input type="checkbox"/> Posted online at the following address (Provide Direct URL): _____	

CERTIFICATION

I hereby certify that the CCR has been distributed to the customers of this public water system in the form and manner identified above and that I used distribution methods allowed by the SDWA. I further certify that the information included in this CCR is true and correct and is consistent with the water quality monitoring data provided to the PWS officials by the MSDH, Bureau of Public Water Supply.

Name Jay McElhannon

Title Operations Director

Date 5-4-2021

SUBMISSION OPTIONS (Select one method ONLY)

You must email, fax (not preferred), or mail a copy of the CCR and Certification to the MSDH.

Mail: (U.S. Postal Service)
MSDH, Bureau of Public Water Supply
P.O. Box 1700
Jackson, MS 39215

Email: water.reports@msdh.ms.gov

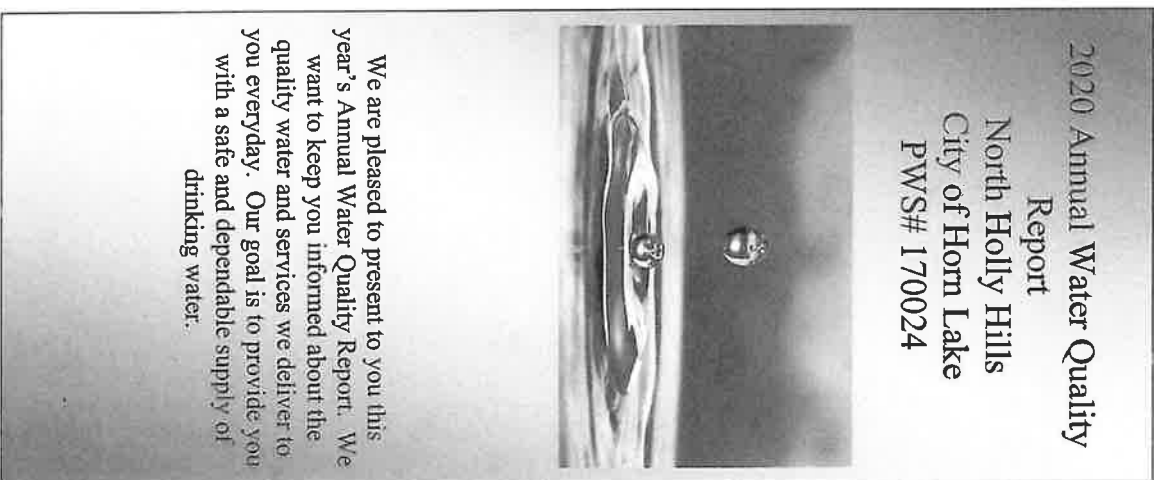
Fax: (601) 576-7800

(NOT PREFERRED)

CCR DEADLINE TO MSDH & CUSTOMERS: BY JULY 1, 2021

Hom Lake Utility and Sanitation Department
3101 Goodman Road West
Hom Lake, MS 38637

PRSR7 STD
US POSTAGE PAID
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North Holly Hills Consumer Confidence Report

Is my water safe?

Last year, as in years past, your tap water met all U.S. Environmental Protection Agency (EPA) and state drinking water health standards. The City of Hom Lake vigilantly safeguards the water supplies and once again we are proud to report that our system has not violated a maximum contaminant level or any other water quality standard.

Where does my water come from?

In 2020 our water department distributed 16,991,280 gallons of water to our customers. Our water is groundwater pumped from a natural underground aquifer, the Sparta Aquifer. The water is drawn by wells.

Do I need to take special precautions?

Some people may be more vulnerable to contaminants in drinking water than the general population. Immuno-compromised persons such as persons with cancer undergoing chemotherapy, persons who have undergone organ transplants, people with HIV/AIDS or other immune system disorders, some elderly, and infants can be particularly at risk from infections. These people should seek advice about drinking water from their health care providers. EPA/Centers for Disease Control (CDC) guidelines on appropriate means to lessen the risk of infection by Cryptosporidium and other microbial contaminants are available from the Safe Water Drinking Hotline (800-426-4791).

Source water assessment and its availability

Source Water Assessment Program was conducted by the Department of Environmental Quality under contract from the Mississippi Department of Health. The results of the report are available at: <http://landandwater.deq.ms.gov/swap/reports/report.aspx?id=0170024>

The susceptibility assessment ranking for each well is:
-PWS ID: 170024, Source ID: 1, Susceptibility: Moderate
-PWS ID: 170024, Source ID: 2, Susceptibility: Moderate

Conservation Tips

- Repair household leaks.
- Use water saving shower heads, faucets, toilets and appliances.
- Wash only full loads of clothes or dishes.

Additional Information for Lead

If present, elevated levels of lead can cause serious health problems, especially for pregnant women and young children. Lead in drinking water is primarily from materials and components associated with service lines and home plumbing. The City of Hom Lake is responsible for providing high quality drinking water, but cannot control the variety of materials used in plumbing components. When your water has been sitting for several hours, you can minimize the potential for lead exposure by flushing your tap for 30 seconds to 2 minutes before using water for drinking or cooking. If you are concerned about lead in your water, you may wish to have your water tested. Information on lead in drinking water, testing methods, and steps you can take to minimize exposure is available from the Safe Drinking Water Hotline or at <http://www.epa.gov/safewater/lead>. The Mississippi State Department of Health Public Health Laboratory offers lead testing for \$10 per sample. Please contact 601.576.7582 if you wish to have your water tested.

Why are there contaminants in my drinking water?

Drinking water, including bottled water, may reasonably be expected

to contain at least small amounts of some contaminants.

The presence of contaminants does not necessarily indicate that water poses a health risk. More information about contaminants and potential health effects can be obtained by calling the Environmental Protection Agency's (EPA) Safe Drinking Water Hotline (800-426-4791). The sources of drinking water (both tap water and bottled water) include rivers, lakes, streams, ponds, reservoirs, springs, and wells. As water travels over the surface of the land or through the ground, it dissolves naturally occurring minerals and, in some cases, radioactive material, and can pick up substances resulting from the presence of animals or from human activity. Microbial contaminants, such as viruses and bacteria that may come from sewage treatment plants, septic systems, agricultural livestock operations, and wildlife. Inorganic contaminants, such as salts and metals, which can be naturally occurring or result from urban stormwater runoff, industrial, or domestic wastewater discharges, oil and gas production, mining, or farming. Pesticides and herbicides, which may come from a variety of sources such as agriculture, urban stormwater runoff, and residential uses. Organic Chemical Contaminants, including synthetic and volatile organic chemicals, which are by-products of industrial processes and petroleum production, and can also come from gas stations, urban stormwater runoff, and septic systems. Radioactive contaminants, which can be naturally-occurring or be the result of oil and gas production and mining activities. In order to ensure that tap water is safe to drink, EPA prescribes regulations that limit the amount of certain contaminants in water provided by public water systems. Food and Drug Administration (FDA) regulations establish limits for contaminants in bottled water which must provide the same protection for public health.

Contact Us

If you have any questions about this report or concerning your water utility, please contact Gary McElhannon, Director of Operations, at 662-342-7099, or by writing to the following address: City of Hom Lake in c/o of Utility and Sanitation Department, 3101 Goodman Road West, Hom Lake, MS 38637. If you want to learn more, please attend any of our regularly scheduled meetings on the 1st and 3rd Tuesdays of each month, at 6:00 P.M., in City Hall at 3101 Goodman Road West.

UNREGULATED CONTAMINANTS

If any unregulated contaminants, including those from the UCMR4, are detected, the language below should remain in the report for clarification purposes. Remove the language if no unregulated contaminants were detected. The data for detections of these contaminants need only be included in the report for the year that the samples were taken.

If the water system participated in the UCMR4 (where the water system reported directly to EPA), any detected results must be included in the report.

To retrieve your data, please go to: <https://www.epa.gov/dwms/mr4ucmr4ucmr4-data-unregulated-contaminant-detection-file>

REQUIRED LANGUAGE

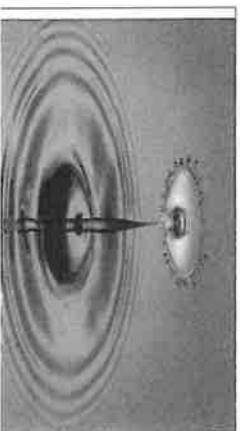
Unregulated contaminants are those for which EPA has not established drinking water standards. The purpose of unregulated contaminant monitoring is to assist EPA in determining the occurrence of unregulated contaminants in drinking water and whether future regulations are warranted.

Water Quality Data Table

The table below lists all of the drinking water contaminants that we detected during the calendar year of this report. The presence of contaminants in the water does not necessarily indicate that the water poses a health risk. Unless otherwise noted, the data presented in this table is from testing done in the calendar year of the report. The EPA or the State requires us to monitor for certain contaminants less than once per year because the concentrations of these contaminants do not change frequently.

	MCLG or MRDLG	MCL, T.T., or MRDL	Your Water	Range		Sample Date	Violation	Typical Source
Contaminant	MRDLG	MRDL	Water	Low	High	Date	Violation	Typical Source
Inorganic Contaminants								
Barium (ppm)	2	2	0.0479	0.0479	0.0479	2018	No	Discharge of drilling wastes; Discharge from metal refineries; Erosion of natural deposits.
Chromium (ppb)	100	100	0.900	0.900	0.900	2018	No	Discharge from steel and pulp mills; Erosion of natural deposits.
Fluoride (ppm) *	4	4	0.934	0.934	0.934	2018	No	Erosion of natural deposits; Water additive which promotes strong teeth; Discharge from fertilizer and aluminum factories.
Nitrate [measured as Nitrogen] (ppm)	10	10	2.2	2.2	2.2	2020	No	Runoff from fertilizer use; Leaching from septic tanks, sewage; Erosion of natural deposits.
Copper (ppm)	1.3	1.3=AL	0.1 (90 th percentile)	All sites below AL		2019	No	Corrosion of household plumbing systems; Erosion of natural deposits; Leaching from wood preservatives.
Lead (ppb)	0	15=AL	0 (90 th percentile)	All sites below AL		2019	No	Corrosion of household plumbing systems; Erosion of natural deposits.
Chlorine ² (ppm)	MRDLG = 4	MRDL=4	1.60	1.20	1.60	2020	No	Water additive used to control microbes.
Haloacetic Acids (HAA5) (ppb)	NA	60	9.00 (HAA5)	9.00	9.00	2020	No	Byproduct of drinking water chlorination.
Total Trihalo-Methane (ppb)	0	80	<4.00 (TTHM)	<4.00	<4.00	2020	No	Byproduct of drinking water chlorination.

*To comply with the “Regulation Governing Fluoridation of Community Water Supplies”, MS0170024 is required to report certain results pertaining to fluoridation of our water system. The number of months in the previous calendar year in which average fluoride sample results were within the optimal range of 0.6 – 1.2 ppm was 4. The percentage of fluoride samples collected in previous calendar year was within the optimal range of 0.6 – 1.3 ppm was 40%



Term	Definition
ppm	ppm: parts per million, or milligrams per liter (mg/L).
ppb	ppb: parts per billion, or micrograms per liter (µg/L).
NA	NA: not applicable.
ND	ND: Not detected.
NR	NR: Monitoring not required, but recommended.
Important Drinking Water Definitions	
Term	Definition
MCLG	MCLG: Maximum Contaminant Level Goal: The level of a contaminant in drinking water below which there is no known or expected risk to health. MCLGs allow for a margin of safety.
MCL	MCL: Maximum Contaminant Level: The highest level of a contaminant that is allowed in drinking water. MCLs are set as close to the MCLGs as feasible using the best available treatment technology.
TT	TT: Treatment Technique: A required process intended to reduce the level of a contaminant in drinking water.
AL	AL: Action Level: The concentration of a contaminant which, if exceeded, triggers treatment or other requirements which a water system must follow.
Variance and Exemption	Variances and Exemptions: State or EPA permission not to meet an MCL or a treatment technique under certain conditions.
MRDLG	Maximum residual disinfection level goal. The level of a drinking water disinfectant below which there is no known or expected risk to health. MRDLGs do not reflect the benefits of the use of disinfectants to control microbial contaminants.
MNR	MNR: Monitored, Not Regulated.
MRDL	Maximum Residual Disinfection Level: The highest level of a disinfectant allowed in drinking water. There is convincing evidence that addition of a disinfectant is necessary for control of contaminants.
MPL	MPL: State Assigned Maximum Permissible Level.

United States Postal Service
Postage Statement — USPS Marketing Mail

Comments:
J-10001-156750 DBF:209043_NEE001_PRE.DBF

Post Office: Note Mail Arrival Date & Time
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MAILING	Post Office of Mailing Memphis TN 38101		Mailing Date	Federal Agency Cost Code	Statement Seq. No. 209043	For Automation Price Pieces, Enter Date of Address Matching and Coding
	Type of Postage <input checked="" type="checkbox"/> Permit Imprint <input type="checkbox"/> Precanceled Stamps <input type="checkbox"/> Metered	Processing Category <input checked="" type="checkbox"/> Letters <input type="checkbox"/> CMM <input type="checkbox"/> Flats <input type="checkbox"/> Catalogs <input type="checkbox"/> Marketing Parcels	Total # of Pieces in Mailing 273	SSF Transaction #	Permit # 380	4/27/2021 For CR Price Pieces, Enter Date of Address Matching and Coding
	For Mail Enclosed Within Another Class <input type="checkbox"/> Periodicals <input type="checkbox"/> Bound Printed Matter <input type="checkbox"/> Library Mail <input type="checkbox"/> Media Mail	Move Update Method <input type="checkbox"/> ASE <input type="checkbox"/> Multiple <input checked="" type="checkbox"/> NCOALink <input type="checkbox"/> OneCode ACS <input type="checkbox"/> ACS <input type="checkbox"/> Alternative Method <input type="checkbox"/> via Alternative Address Format	Weight of a Single Piece 0.0181 pounds	<input type="checkbox"/> Mailpiece is a product sample, % Sample	4/27/2021 For CR Price Pieces, Enter Date of CR Sequencing	No. & Type of Containers 2 1' MM Trays 2' MM Trays 2' EMM Trays Total Trays Flat Trays Sacks Pallets Other
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			This is Official Election Mail <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

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1	Subtotal Postage (Add Parts Totals)		63.66
2	Price at Which Postage Affixed (Check one) Complete if the mailing includes pieces bearing metered/PC Postage or precanceled stamps. <input type="checkbox"/> Correct <input type="checkbox"/> Lowest <input type="checkbox"/> Neither pcs. x S =		Postage Affixed
3	Incentive/Discount Flat Dollar Amount		
4	Fee Flat Dollar Amount		
5	Permit #	Net Postage Due (Line 1 +/- Lines 2, 3, 4)	63.66

Additional Postage Payment (State reason)	Total Adjusted Postage Affixed
For postage affixed add additional payment to net postage due; for permit imprint add additional payment to total postage.	
Postmaster: Report Total Postage in AIC 130 (Permit Imprint Only; Excluding Simplified Addressing (EDDM))	Total Adjusted Postage Permit Imprint
Postmaster: Report Total Postage in AIC 208 (Simplified Addressing (EDDM), Permit Imprint Only)	Total Adjusted Postage Simplified Addressing (EDDM)

Incentive/Discount Claimed: _____ Type of Fee: _____

The mailer's signature certifies acceptance of liability for and agreement to pay any revenue deficiencies assessed on this mailing, subject to appeal. If an agent signs this form, the agent certifies that he or she is authorized to sign on behalf of the mailer and that the mailer is bound by the certification and agrees to pay any deficiencies. In addition, agents may be liable for any deficiencies resulting from matters within their responsibility, knowledge, or control. The mailer hereby certifies that all information furnished on this form is accurate, truthful, and complete; that the mail and the supporting documentation comply with all postal standards and the mailing qualifies for the prices and fees claimed; and that the mailing does not contain any matter prohibited by law or postal regulation. I understand that anyone who furnishes false or misleading information on this form or who omits information requested on this form may be subject to criminal and/or civil penalties, including fines and imprisonment.

Signature of Mailer or Agent _____ Privacy Notice: For information regarding our Privacy Policy visit www.usps.com.

Printed Name of Mailer or Agent Signing Form _____ Telephone (901)-591-8500 Extension _____

NON-SPONSORED MAIL ONLY	Weight of a Single Piece _____ pounds	Total Weight _____	Are postage figures at left adjusted from mailer's entries? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, reason: _____		Round Stamp (Required) Payment Date _____
	Total Pieces _____	Total Postage _____			
	Presort Verification Performed? (If required) <input type="checkbox"/> Yes <input type="checkbox"/> No				
	I CERTIFY that this mailing has been inspected for each item below if required: (1) eligibility for postage prices claimed; (2) proper preparation (and presort where required); (3) proper completion of postage statement; (4) payment of annual fee; and (5) sufficient funds on deposit (if required).		Date Mailer Notified _____	Contact _____	
	USPS Employee's Signature _____		By (Initials) _____	Time _____ AM _____ PM	
	Print USPS Employee's Name _____				

Part A — USPS Marketing Mail — Automation Letters**Letters** 3.5 oz. (0.2188 lbs.) or less

Entry	Price Category	Price	No. of Pieces	Subtotal Postage	Discount Total*	Fee Total	Total Postage
A1	None	5-Digit	0.259				
A2	None	AADC	0.265				
A3	None	Mixed AADC	0.304				
A4	DNDC	5-Digit	0.239				
A5	DNDC	AADC	0.265				
A6	DNDC	Mixed AADC	0.284				
A7	DSCF	5-Digit	0.235	62.5100	0.7980		61.7120
A8	DSCF	AADC	0.261				

A9

Part A Total (Add lines A1-A8)\$ **61.7120****Full Service Intelligent Mail Option**

A10 DISPLAY ONLY

Letters - Number of pieces that comply:

266 x 0.003 = \$

0.7980

* May contain both Full Service Intelligent Mail and other discount.

Part B — USPS Marketing Mail — Nonautomation Letters**Machinable Letters** *3.5 oz. (0.2188 lbs.) or less*

Entry	Price Category	Price	No. of Pieces	Subtotal Postage	Discount Total	Fee Total	Total Postage
B1	None AADC	0.302					
B2	None Mixed AADC	0.311					
B3	DNDC AADC	0.282					
B4	DNDC Mixed AADC	0.291					
B5	DSCF AADC	0.276	7	1.9460			1.9460

Nonmachinable Letters *4 oz. (0.25 lbs.) or less*

Entry	Price Category	Price	No. of Pieces	Subtotal Postage	Discount Total	Fee Total	Total Postage
B6	None 5-Digit	0.538					
B7	None 3-Digit	0.640					
B8	None ADC	0.691					
B9	None Mixed ADC	0.748					
B10	DNDC 5-Digit	0.489					
B11	DNDC 3-Digit	0.571					
B12	DNDC ADC	0.622					
B13	DNDC Mixed ADC	0.679					
B14	DSCF 5-Digit	0.460					
B15	DSCF 3-Digit	0.562					
B16	DSCF ADC	0.613					

Nonmachinable Letters *Over 4 oz. (0.25 lbs.) but less than 16 oz. (1 lbs)*

Entry	Price Category	Price	No. of Pieces	Pieces Subtotal	Pound Price	Pounds	Pounds Subtotal	Subtotal Postage	Discount Total	Fee Total	Total Postage
B17	None 5-Digit	0.288			1.000						
B18	None 3-Digit	0.390			1.000						
B19	None ADC	0.441			1.000						
B20	None Mixed ADC	0.498			1.000						
B21	DNDC 5-Digit	0.288			0.724						
B22	DNDC 3-Digit	0.390			0.724						
B23	DNDC ADC	0.441			0.724						
B24	DNDC Mixed ADC	0.498			0.724						
B25	DSCF 5-Digit	0.288			0.689						
B26	DSCF 3-Digit	0.390			0.689						
B27	DSCF ADC	0.441			0.689						

B28

Part B Total *(Add lines B1-B27)*\$ **1.9460**

United States Postal Service
Postage Statement — USPS Marketing Mail

Comments:
J-10001-156750 DBF:209043_NEE001_PRE,DBF

Post Office: Note Mail Arrival Date & Time
(Do Not Round-Stamp)

MAILER	Permit Holder's Name and Address and Email Address, if Any NEEL SCHAFER(1918) 5740 GETWELL RD BLDG 2 Southaven MS 38672-7361		Telephone () - Extension	Name and Address of Mailing Agent (If other than permit holder) MEMPHIS DATA/DIRECT MAIL, LLC. 4222 PILOT DRIVE MEMPHIS TN 38118-6932	Telephone (901)-591-8500 Extension	Name and Address of Mail Owner (If other than permit holder) NEEL SCHAFER(1918) 5740 GETWELL RD BLDG 2 Southaven MS 38672-7361
	CAPS Cust. Ref. No. Holly Hills 4-27-21 CRID 6926094			CRID 2445259		CRID 6926094
MAILING	Post Office of Mailing Memphis TN 38101		Mailers Mailing Date	Federal Agency Cost Code 273	Statement Seq. No. 209043	For Automation Price Pieces, Enter Date of Address Matching and Coding 4/27/2021
	Type of Postage <input checked="" type="checkbox"/> Permit Imprint <input type="checkbox"/> Precanceled Stamps <input type="checkbox"/> Metered	Processing Category <input checked="" type="checkbox"/> Letters <input type="checkbox"/> Flats <input type="checkbox"/> Marketing Parcels		Total # of Pieces in Mailing 273	SSF Transaction #	For CR Price Pieces, Enter Date of Address Matching and Coding 4/27/2021
	For Mail Enclosed Within Another Class <input type="checkbox"/> Periodicals <input type="checkbox"/> Bound Printed Matter <input type="checkbox"/> Library Mail <input type="checkbox"/> Media Mail	Move Update Method <input type="checkbox"/> ASE <input checked="" type="checkbox"/> NCOALink <input type="checkbox"/> ACS <input type="checkbox"/> n/a Alternative Address Format		Total Weight 4.9413	Permit # 380	For CR Price Pieces, Enter Date of CR Sequencing 4/27/2021
		Combined Mailing <input type="checkbox"/> Mixed Class <input type="checkbox"/> Single Class		Weight of a Single Piece 0.0181 pounds	<input type="checkbox"/> Mailpiece is a product sample % Samples	For Pieces Bearing a Simplified Address Enter Date of Delivery Statistics File or Alternative Method
				<input type="checkbox"/> Letter-size or flat mailpiece contains DVD/CD or other disk.		
				This is a Political Mailing <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
				This is Official Election Mail <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Parts Completed (Select all that apply) <input checked="" type="checkbox"/> A <input checked="" type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/> F <input type="checkbox"/> G <input type="checkbox"/> H <input type="checkbox"/> I <input type="checkbox"/> J <input type="checkbox"/> K <input type="checkbox"/> L <input type="checkbox"/> M <input type="checkbox"/> N <input type="checkbox"/> O <input type="checkbox"/> P <input type="checkbox"/> Q <input type="checkbox"/> R <input type="checkbox"/> S <input type="checkbox"/> T <input type="checkbox"/> U <input type="checkbox"/> V <input type="checkbox"/> W <input type="checkbox"/> X <input type="checkbox"/> Y <input type="checkbox"/> Z <input type="checkbox"/> AA <input type="checkbox"/> AB <input type="checkbox"/> AC <input type="checkbox"/> AD <input type="checkbox"/> AE <input type="checkbox"/> AF <input type="checkbox"/> AG <input type="checkbox"/> AH <input 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<input type="checkbox"/> SF <input type="checkbox"/> SG <input type="checkbox"/> SH <input type="checkbox"/> SI <input type="checkbox"/> SJ <input type="checkbox"/> SK <input type="checkbox"/> SL <input type="checkbox"/> SM <input type="checkbox"/> SN <input type="checkbox"/> SO <input type="checkbox"/> SP <input type="checkbox"/> SQ <input type="checkbox"/> SR <input type="checkbox"/> SS <input type="checkbox"/> ST <input type="checkbox"/> SU <input type="checkbox"/> SV <input type="checkbox"/> SW <input type="checkbox"/> SX <input type="checkbox"/> SY <input type="checkbox"/> SZ <input type="checkbox"/> TA <input type="checkbox"/> TB <input type="checkbox"/> TC <input type="checkbox"/> TD <input type="checkbox"/> TE <input type="checkbox"/> TF <input type="checkbox"/> TG <input type="checkbox"/> TH <input type="checkbox"/> TI <input type="checkbox"/> TJ <input type="checkbox"/> TK <input type="checkbox"/> TL <input type="checkbox"/> TM <input type="checkbox"/> TN <input type="checkbox"/> TO <input type="checkbox"/> TP <input type="checkbox"/> TQ <input type="checkbox"/> TR <input type="checkbox"/> TS <input type="checkbox"/> TT <input type="checkbox"/> TU <input type="checkbox"/> TV <input type="checkbox"/> TW <input type="checkbox"/> TX <input type="checkbox"/> TY <input type="checkbox"/> TZ <input type="checkbox"/> UA <input type="checkbox"/> UB <input type="checkbox"/> UC <input type="checkbox"/> UD <input type="checkbox"/> UE <input type="checkbox"/> UF <input type="checkbox"/> UG <input type="checkbox"/> UH <input type="checkbox"/> UI <input type="checkbox"/> UJ <input type="checkbox"/> UK <input type="checkbox"/> UL <input type="checkbox"/> UM <input type="checkbox"/> UN <input type="checkbox"/> UO <input type="checkbox"/> UP <input type="checkbox"/> UQ <input type="checkbox"/> UR <input type="checkbox"/> US <input type="checkbox"/> UT <input type="checkbox"/> UU <input type="checkbox"/> UV <input type="checkbox"/> UW <input type="checkbox"/> UX <input type="checkbox"/> UY <input type="checkbox"/> UZ <input type="checkbox"/> VA <input type="checkbox"/> VB <input type="checkbox"/> VC <input type="checkbox"/> VD <input type="checkbox"/> VE <input type="checkbox"/> VF <input type="checkbox"/> VG <input type="checkbox"/> VH <input type="checkbox"/> VI <input type="checkbox"/> VJ <input type="checkbox"/> VK <input type="checkbox"/> VL <input type="checkbox"/> VM <input type="checkbox"/> VN <input type="checkbox"/> VO <input type="checkbox"/> VP <input type="checkbox"/> VQ <input type="checkbox"/> VR <input type="checkbox"/> VS <input type="checkbox"/> VT <input type="checkbox"/> VU <input type="checkbox"/> VV <input type="checkbox"/> VW <input type="checkbox"/> VX <input type="checkbox"/> VY <input type="checkbox"/> VZ <input type="checkbox"/> WA <input type="checkbox"/> WB <input type="checkbox"/> WC <input type="checkbox"/> WD <input type="checkbox"/> WE <input type="checkbox"/> WF <input type="checkbox"/> WG <input type="checkbox"/> WH <input type="checkbox"/> WI <input type="checkbox"/> WJ <input type="checkbox"/> WK <input type="checkbox"/> WL <input type="checkbox"/> WM <input type="checkbox"/> WN <input type="checkbox"/> WO <input type="checkbox"/> WP <input type="checkbox"/> WQ <input type="checkbox"/> WR <input type="checkbox"/> WS <input type="checkbox"/> WT <input type="checkbox"/> WU <input type="checkbox"/> WV <input type="checkbox"/> WW <input type="checkbox"/> WX <input type="checkbox"/> WY <input type="checkbox"/> WZ <input type="checkbox"/> XA <input type="checkbox"/> XB <input type="checkbox"/> XC <input type="checkbox"/> XD <input type="checkbox"/> XE <input type="checkbox"/> XF <input type="checkbox"/> XG <input type="checkbox"/> XH <input type="checkbox"/> XI <input type="checkbox"/> XJ <input type="checkbox"/> XK <input type="checkbox"/> XL <input type="checkbox"/> XM <input type="checkbox"/> XN <input type="checkbox"/> XO <input type="checkbox"/> XP <input type="checkbox"/> XQ <input type="checkbox"/> XR <input type="checkbox"/> XS <input type="checkbox"/> XT <input type="checkbox"/> XU <input type="checkbox"/> XV <input type="checkbox"/> XW <input type="checkbox"/> XX <input type="checkbox"/> XY <input type="checkbox"/> XZ <input type="checkbox"/> YA <input type="checkbox"/> YB <input type="checkbox"/> YC <input type="checkbox"/> YD <input type="checkbox"/> YE <input type="checkbox"/> YF <input type="checkbox"/> YG <input type="checkbox"/> YH <input type="checkbox"/> YI <input type="checkbox"/> YJ <input type="checkbox"/> YK <input type="checkbox"/> YL <input type="checkbox"/> YM <input type="checkbox"/> YN <input type="checkbox"/> YO <input type="checkbox"/> YP <input type="checkbox"/> YQ <input type="checkbox"/> YR <input type="checkbox"/> YS <input type="checkbox"/> YT <input type="checkbox"/> YU <input type="checkbox"/> YV <input type="checkbox"/> YW <input type="checkbox"/> YX <input type="checkbox"/> YY <input type="checkbox"/> YZ <input type="checkbox"/> ZA <input type="checkbox"/> ZB <input type="checkbox"/> ZC <input type="checkbox"/> ZD <input type="checkbox"/> ZE <input type="checkbox"/> ZF <input type="checkbox"/> ZG <input type="checkbox"/> ZH <input type="checkbox"/> ZI <input type="checkbox"/> ZJ <input type="checkbox"/> ZK <input type="checkbox"/> ZL <input type="checkbox"/> ZM <input type="checkbox"/> ZN <input type="checkbox"/> ZO <input type="checkbox"/> ZP <input type="checkbox"/> ZQ <input type="checkbox"/> ZR <input type="checkbox"/> ZS <input type="checkbox"/> ZT <input type="checkbox"/> ZU <input type="checkbox"/> ZV <input type="checkbox"/> ZW <input type="checkbox"/> ZX <input type="checkbox"/> ZY <input type="checkbox"/> ZZ						
POSTAGE	1		Subtotal Postage (Add Parts Totals)			63.66
	2		Price at Which Postage Affixed (Check one) Complete if the mailing includes pieces bearing metered/PC Postage or precanceled stamps. <input type="checkbox"/> Correct <input type="checkbox"/> Lowest <input type="checkbox"/> Neither			
	3		Incentive/Discount Flat Dollar Amount			
	4		Fee Flat Dollar Amount			
	5		Permit # Net Postage Due (Line 1 +/- Lines 2, 3, 4)			63.66
USPS	Additional Postage Payment (State reason)					
	For postage affixed add additional payment to net postage due; for permit imprint add additional payment to total postage.					
	Postmaster: Report Total Postage in AIC 130 (Permit Imprint Only, Excluding Simplified Addressing (EDDM))					
	Postmaster: Report Total Postage in AIC 208 (Simplified Addressing (EDDM), Permit Imprint Only)					
CERTIFICATION	Incentive/Discount Claimed: _____ Type of Fee: _____					
	The mailer's signature certifies acceptance of liability for and agreement to pay any revenue deficiencies assessed on this mailing, subject to appeal. If an agent signs this form, the agent certifies that he or she is authorized to sign on behalf of the mailer and that the mailer is bound by the certification and agrees to pay any deficiencies. In addition, agents may be liable for any deficiencies resulting from matters within their responsibility, knowledge, or control. The mailer hereby certifies that all information furnished on this form is accurate, truthful, and complete; that the mail and the supporting documentation comply with all postal standards and the mailing qualifies for the prices and fees claimed; and that the mailing does not contain any matter prohibited by law or postal regulation. I understand that anyone who furnishes false or misleading information on this form or who omits information requested on this form may be subject to criminal and/or civil penalties, including fines and imprisonment.					
SIGNATURE	Signature of Mailer or Agent					
	Privacy Notice: For information regarding our Privacy Policy visit www.usps.com. Printed Name of Mailer or Agent Signing Form MEMPHIS DATA/DIRECT MAIL, LLC. Telephone (901)-591-8500 Extension					
USPS ONLY	Weight of a Single Piece _____ pounds		Total Weight		Round Stamp (Required) Payment Data	
	Total Pieces		Total Postage			
	Presort Verification Performed? (If required) <input type="checkbox"/> Yes <input type="checkbox"/> No					
	I CERTIFY that this mailing has been inspected for each item below if required: (1) eligibility for postage prices claimed; (2) proper preparation (and presort where required); (3) proper completion of postage statement; (4) payment of annual fee; and (5) sufficient funds on deposit (if required).		Date Mailer Notified			
	USPS Employee's Signature		Print USPS Employee's Name			

Part A — USPS Marketing Mail — Automation Letters**Letters** 3.5 oz. (0.2168 lbs.) or less

Entry	Price Category	Price	No. of Pieces	Subtotal Postage	Discount Total*	Fee Total	Total Postage
A1	None	5-Digit					
A2	None	AADC					
A3	None	Mixed AADC					
A4	DNDC	5-Digit					
A5	DNDC	AADC					
A6	DNDC	Mixed AADC					
A7	DSCF	5-Digit	266	62.5100	0.7980		61.7120
A8	DSCF	AADC					

A8

Part A Total (Add lines A1-A8)

\$

61.7120**Full Service Intelligent Mail Option**

A10 DISPLAY ONLY

Letters - Number of pieces that comply:

266 x

0.003

= \$

0.7980

* May contain both Full Service Intelligent Mail and other discount.

Part B — USPS Marketing Mail — Nonautomation Letters**Machinable Letters** *3.5 oz. (0.2188 lbs.) or less*

Entry	Price Category	Price	No. of Pieces	Subtotal Postage	Discount Total	Fee Total	Total Postage
B1	None	AADC	0.302				
B2	None	Mixed AADC	0.311				
B3	DNDC	AADC	0.282				
B4	DNDC	Mixed AADC	0.291				
B5	DSCF	AADC	0.278	7	1.9460		1.9460

Nonmachinable Letters *4 oz. (0.25 lbs.) or less*

Entry	Price Category	Price	No. of Pieces	Subtotal Postage	Discount Total	Fee Total	Total Postage
B6	None	5-Digit	0.538				
B7	None	3-Digit	0.640				
B8	None	ADC	0.691				
B9	None	Mixed ADC	0.748				
B10	DNDC	5-Digit	0.469				
B11	DNDC	3-Digit	0.571				
B12	DNDC	ADC	0.622				
B13	DNDC	Mixed ADC	0.679				
B14	DSCF	5-Digit	0.460				
B15	DSCF	3-Digit	0.562				
B16	DSCF	ADC	0.613				

Nonmachinable Letters *Over 4 oz. (0.25 lbs.) but less than 16 oz. (1 lbs.)*

Entry	Price Category	Place Price	No. of Pieces	Pieces Subtotal	Pound Price	Pounds	Pounds Subtotal	Subtotal Postage	Discount Total	Fee Total	Total Postage
B17	None	5-Digit	0.288		1.000						
B18	None	3-Digit	0.390		1.000						
B19	None	ADC	0.441		1.000						
B20	None	Mixed ADC	0.498		1.000						
B21	DNDC	5-Digit	0.288		0.724						
B22	DNDC	3-Digit	0.390		0.724						
B23	DNDC	ADC	0.441		0.724						
B24	DNDC	Mixed ADC	0.498		0.724						
B25	DSCF	5-Digit	0.288		0.689						
B26	DSCF	3-Digit	0.390		0.689						
B27	DSCF	ADC	0.441		0.689						

B28

Part B Total (Add lines B1-B27)\$ **1.9460**